



## APPLICATION FOR Medical Rate Assistance Program Municipal Services Division City of Santa Clara 1500 Warburton Avenue Santa Clara, CA 95050

(408) 615-2300: Monday - Friday, 8:00 a.m. - 5:00 p.m. 1-800-735-2922 CA Relay Service for the Deaf or Hearing Impaired

The City of Santa Clara provides a Medical Rate Assistance Program (M.R.A.P.). This program provides a monthly 25% discount to eligible households on their municipal utilities electric charges. To participate in M.R.A.P., you must submit a completed Physician's Certification Form. Please note that applicants who qualify for both the Low Income and Medical Rate Assistance programs will be enrolled in the Medical Rate Assistance program only.

Notice: If your name, address, or medical condition changes, you MUST inform the City of Santa Clara, Municipal Services Division Name of Utility Customer First Middle **Electric Utility Account No.** Last Name of Resident with Qualifying Medical Condition First Middle Relationship to the Utility Customer: Last Self Child Spouse Other **Mailing Address** Number and Street Apt No. Attention If you use a medical device such as an oxygen machine or ventilator, please notify the Santa Clara Fire Department at: (408) 615-4900 for City State Zip Code protective services in the event of an emergency. **Email Address:** Daytime Phone Number: The information on this application will be used to determine and verify my eligibility for assistance. My signature gives consent for this information to be shared with other offices of the State and Federal Government and with my utility company as necessary to effectuate the purpose of this application. If eligible for the M.R.A.P. discount, I permit the proper change to my rate schedule and, if needed, give consent to have my eligibility verified every two years. I declare, under penalty of perjury, that the information on this application is true and correct. Applicant's Signature Witness' Signature (If applicant signed with a mark) **YOU MUST INCLUDE THE FOLLOWING!!!** SANTA CLARA OFFICIAL USE ONLY ☐ This form filled out completely Verified by \_\_\_\_\_ ☐ Your utility account number □ Completed Physician Certification Form

For information on the Home Energy Assistance Program, call Community Action at 1-866-205-2388 or 408-920-3953.